



EMBASSY OF THE REPUBLIC OF THE MARSHALL ISLANDS

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STAGE # 1 - Submission of the RMI's ideas for inclusion in the DOE's proposal for contract bids of the medical care and monitoring program.

The Marshallese defined as "exposed" by the U.S. Government, and therefore eligible for participation in the U.S. Department of Energy's (DOE) medical monitoring and care program in the Republic of the Marshall Islands (RMI), participated in two meetings with the Senators and Mayors of Rongelap and Utirik Atolls, and the Ministry of Foreign Affairs. In addition to noting that the need to care for the two exposed communities will extend beyond the current Compact of Free Association, the participants of the DOE medical monitoring and care program gave their atoll officials, and the RMI Government a two-fold mandate. First, the communities authorized the atoll leaders and the RMI Government to work on a government-to-government basis to explore options to the present medical delivery vehicle. Second, the communities request that the RMI and U.S. Governments include the following points in the DOE contract bidding proposal:

- **establishment of a mechanism to elicit community input**

1. The communities will nominate spokespeople who can work directly with their elected leaders to convey their needs and thoughts to the RMI and U.S. Governments on matters pertaining to the implementation of DOE programs.
2. The spokespeople will be consulted and informed before any changes to the programs take place.
3. No changes will take place without the communities' blessing.
4. A grievance mechanism must be created.
5. The communities want a say in how many, and what types of specialized doctors visit them. Specialist in heart, eyes, ears, kidney, throat, tumors and cancer are all necessary.
6. The care providers should work closely with the communities to understand the expenses involved with medical care and referrals, and should develop appropriate per diem rates.

- **desired characteristics of a new medical program**

1. The medical program will be treatment focused. No research will take place without the express consent of individuals, and the communities.

2. The new contractors should have access to all of Brookhaven National Laboratory's (BNL) information so they can build on the "know how" that BNL has gathered over the decades.
3. Doctors should live in the communities of Majuro, Ebeye, Utrik, and Mejjatto year-round, and must be available to treat medical problems 24 hours a day should the need arise.
4. The medical practices should be family style. Emphasis should be place on developing a rapport and familiarity with patients.
5. Because it is difficult to delineate clearly between radiogenic and nonradiogenic illnesses, doctors should treat all conditions of the "exposed" and control communities.
6. Medical information, diagnostic procedures, and results should be translated from English into Marshallese, and must be clearly explained to patients.
7. Doctors should report patterns of ill-health in the population, and inform communities about any special risks to their health.
8. The communities are interested in epidemiological information which will help explain where patients are in relation to their medical histories.
9. Health education, as well as health promotion and wellness are important.
10. Emphasis must be made on building infrastructure in the communities, and supporting the local economy rather than exporting program money out of the RMI.
11. Training and educational opportunities should be provided whenever possible, and efforts should be made to develop Marshallese human resource capabilities.
12. Care providers should consider the special and different medical needs for men and women.
13. Special attention should be paid to the reproductive problems of women.
14. Care providers must be held accountable for any health problems which occur as a result of negligence by the medical care provider.
15. Efforts should be made to avoid changing doctors and nurses all of the time. (In Marshallese custom, people are uncomfortable showing their bodies to people. Therefore, the care providers should limit the number of care providers working intimately with patients).
16. Patients should not be sent to a variety of hospitals in the U.S.
17. Information about patients' health and care should be consolidated whenever possible.
18. Privacy must be provided. A separate facility adjacent to a hospital a care unit is preferable.
19. The same doctors who conduct treatment should fill out patient charts.
20. Doctors should help patients with their claims process at the Nuclear Claims Tribunal.
21. Care providers should be aware that the Rongelapese and Utirikese were exposed to fallout from several weapons tests after they were resettled on their atolls.
22. Care providers should reevaluate the legitimacy of the terms "exposed" and "unexposed," and should be aware that the "control group" has been exposed to radiation levels sufficient to cause illness.

23. Environmental contamination is an on-going concern of the communities.
24. The communities want new identification cards, and insurance plans that will allow them to get medical treatment at any facility in the United States if the need arises.
25. Care providers will make every attempt to learn Marshallese custom, and the language. An understanding of the unique history of the communities is also important.
26. The care provider must coordinate with, and work closely with the 177 Health Care Program and the RMI public health program.